

HANDWRITTEN CHECK REQUEST FORM

Send To: DHS/Finance/USSDS Help Desk, 120 N. 200 W. #213, Salt Lake City, UT 84103

1. **Attach NEW Billing Form** with provider signature, caseworker (or contract specialist) signature (and supervisor signature for 295's One Time Payments). **COPIES OF PREVIOUS BILLING FORMS NOT ACCEPTED**
*****If you are billing a special needs item (equipment, supplies etc.) you must follow State purchasing policy- You must attach copies of at least 2 bids (preferably 3 bids) or a sole source letter.**
2. **Attach Memo on Region Letterhead from caseworker** explaining why payment was not processed through USSDS prior to year end cut off ; attach additional documentation if needed.
3. **Special note for stale dated checks** Attach a letter of explanation from provider explaining why check was not cashed in a timely manner. **The provider must sign this letter**, also please include a **new billing form 520/295** signed by the provider and worker/supervisor as form dictates.
4. **Attach Payment History screen** PP07 FOR EACH CLIENT for service codes/ dates listed on billing form.

Complete all areas.

Client Name	ID Number	E L G	WK#	Service Dates (DDMMYY) start date-end date	Service Code	Units	K i n d	Rate	Amount
Contract # (if applicable to payments)								TOTAL \$	
FINET CODING STRING- (if more than one, show amount associated with each by service code/elig/amount- attach separate sheets if necessary)									

PROVIDER INFORMATION: Complete all areas		Region/District Information
Provider Name	Provider ID#	Requested by (Name of Payment Technician)
		Date
Mailing Address (verify address)		District Code/Region/ Telephone #
		()
City, State, Zip Code		Signature of Payment Entry Technician

(Before sending to USSDS Help Desk the following Signatures are Required)

*Case Worker: _____ Date _____

*Supervisor: _____ Date _____

*Region Financial Mgr _____ - Date _____

*Regional Director: _____ Date _____

*Division Chief Financial Budget Officer _____ Date- _____

Prior to Dec 10th a signed fax or attached email is acceptable for Chief Financial Budget Officer approval

****Division Director: _____ Date _____**

*Required for all HCR requests

****Required for all HCR requests submitted after the Dec10 cut-off date**

DHS/FINANCE OFFICE USE ONLY

Reviewed & cleared for payment:

USSDS Help Desk

Date

☐ Approved

☐ Denied

Signature: _____ Date _____

Financial Manager Bureau of Finance

Check # _____ Date: _____

revised APR2009